



*The Commonwealth of Massachusetts*  
*Department of Fire Services*

527 CMR 4.00 Form-1

Application for Permit, Permit, and Certificate of Completion for the  
Installation or Alteration of Fuel Oil Burning Equipment and the Storage of Fuel Oil

VOID  
SAMPLE ONLY

(City or Town) (Date)

Permit #'s: FD \_\_\_\_\_ Elec. \_\_\_\_\_ FDID#: \_\_\_\_\_ Fee Paid: \$ \_\_\_\_\_

Owner/Occupant Name: \_\_\_\_\_ Tel.#: \_\_\_\_\_

Installation Address: \_\_\_\_\_ Serviced Floor or Unit #: \_\_\_\_\_

☐ Heating Unit ☐ Domestic Water Heater ☐ Power Vent Other \_\_\_\_\_

Burner: ☐ New ☐ Existing ☐ Location: \_\_\_\_\_

Trade Name: \_\_\_\_\_ Mfg: \_\_\_\_\_

Type: \_\_\_\_\_ Model # or Size: \_\_\_\_\_ Nozzle size: \_\_\_\_\_

☐ Fuel Oil ☐ Kerosene ☐ Waste Oil

Storage Tank: ☐ New ☐ Existing Location: \_\_\_\_\_

Type: \_\_\_\_\_ Capacity: \_\_\_\_\_ gallons No. of Tanks: \_\_\_\_\_

Special requirements (or additional safety devices) \_\_\_\_\_

☐ OSV valve ☐ Oil Line Protected ☐ Sheet Rock ☐ Sprinkler AFUE: ☐ yes ☐ no EF: ☐ yes ☐ no  
(furnace and boilers) (water heater)

Co. Name: \_\_\_\_\_ Tel # \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Completion Date: \_\_\_\_\_

Combustion Test: Gross Stack Temp.: \_\_\_\_\_ Net Stack Temp.: \_\_\_\_\_

CO<sub>2</sub> Test: \_\_\_\_\_ Breech Draft: \_\_\_\_\_

Smoke: \_\_\_\_\_ Overfire Draft: \_\_\_\_\_ Efficiency Rating %: \_\_\_\_\_

I, the undersigned certify that the installation of fuel burning equipment has been made in accordance with M.G.L. Chapter 148 and 527 CMR 4.00 currently in effect. Furthermore, this installation has been tested in accordance with such requirements, is now in proper operating condition and complete instructions as to its use and maintenance have been furnished to the person or whom the installation (or alteration) was made.

Installer: \_\_\_\_\_  
Print Name Cert of C# Signature (no Stamp)

Address: \_\_\_\_\_ City: \_\_\_\_\_

Once signed by the fire department, this is a PERMIT for the storage of fuel oil and use of the oil burning equipment.

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Keep original as application. Issue duplicate as permit. This form n

VOID  
SAMPLE ONLY